

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

EASTERN DISTRICT OF NEW YORK

Case number (*if known*) \_\_\_\_\_

Chapter you are filing under:

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

 Check if this is an amended filing**Official Form 101****Voluntary Petition for Individuals Filing for Bankruptcy**

04/20

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Identify Yourself****About Debtor 1:****1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

**William**

First name

**A.**

Middle name

**Haupt**

Last name and Suffix (Sr., Jr., II, III)

**About Debtor 2 (Spouse Only in a Joint Case):****Catherine**

First name

Middle name

**Haupt**

Last name and Suffix (Sr., Jr., II, III)

**2. All other names you have used in the last 8 years**

Include your married or maiden names.

**3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)****xxx-xx-5327****xxx-xx-1307**

Debtor 1 **William A. Haupt**  
 Debtor 2 **Catherine Haupt**

Case number (*if known*) \_\_\_\_\_**About Debtor 1:****4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**Include trade names and *doing business as* names

I have not used any business name or EINs.

Business name(s)

EIN

**About Debtor 2 (Spouse Only in a Joint Case):**

I have not used any business name or EINs.

Business name(s)

EIN

**5. Where you live****31 Lapeer Street  
Deer Park, NY 11729**

Number, Street, City, State &amp; ZIP Code

**Suffolk**

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State &amp; ZIP Code

**If Debtor 2 lives at a different address:**

Number, Street, City, State &amp; ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State &amp; ZIP Code

**6. Why you are choosing this district to file for bankruptcy****Check one:**

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

**Check one:**

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

Debtor 1 **William A. Haupt**  
 Debtor 2 **Catherine Haupt**

Case number (if known) \_\_\_\_\_

**Part 2: Tell the Court About Your Bankruptcy Case**

7. **The chapter of the Bankruptcy Code you are choosing to file under** Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

8. **How you will pay the fee**

I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. **Have you filed for bankruptcy within the last 8 years?**

No.  
 Yes.

District	<b>Eastern District New York</b>		
	When	9/29/18	Case number
District	When		Case number
District	When		Case number

10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

No  
 Yes.

Debtor	Relationship to you		
District	When	Case number, if known	
Debtor		Relationship to you	
District	When	Case number, if known	

11. **Do you rent your residence?**

No. Go to line 12.  
 Yes. Has your landlord obtained an eviction judgment against you?

No. Go to line 12.  
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 **William A. Haupt**  
 Debtor 2 **Catherine Haupt**

Case number (if known) \_\_\_\_\_

**Part 3: Report About Any Businesses You Own as a Sole Proprietor****12. Are you a sole proprietor of any full- or part-time business?** No. Go to Part 4. Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State &amp; ZIP Code

*Check the appropriate box to describe your business:*

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

 No. I am not filing under Chapter 11. No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11. Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

 No. Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State &amp; Zip Code

Debtor 1 **William A. Haupt**  
 Debtor 2 **Catherine Haupt**

Case number (if known) \_\_\_\_\_

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling****15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:***You must check one:*

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

 **Incapacity.**

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

 **Disability.**

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

 **Active duty.**

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):***You must check one:*

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

 **Incapacity.**

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

 **Disability.**

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

 **Active duty.**

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **William A. Haupt**  
 Debtor 2 **Catherine Haupt**

Case number (if known) \_\_\_\_\_

**Part 6: Answer These Questions for Reporting Purposes**

<b>16. What kind of debts do you have?</b>	<b>16a. Are your debts primarily consumer debts?</b> Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <p><input type="checkbox"/> No. Go to line 16b.</p> <p><input checked="" type="checkbox"/> Yes. Go to line 17.</p>		
<b>16b. Are your debts primarily business debts?</b> Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.	<p><input type="checkbox"/> No. Go to line 16c.</p> <p><input type="checkbox"/> Yes. Go to line 17.</p>		
<b>16c. State the type of debts you owe that are not consumer debts or business debts</b>			
<hr/>			
<b>17. Are you filing under Chapter 7?</b>	<p><input checked="" type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.</p> <p><input type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>		
<b>18. How many Creditors do you estimate that you owe?</b>	<p><input checked="" type="checkbox"/> 1-49</p> <p><input type="checkbox"/> 50-99</p> <p><input type="checkbox"/> 100-199</p> <p><input type="checkbox"/> 200-999</p>	<p><input type="checkbox"/> 1,000-5,000</p> <p><input type="checkbox"/> 5,001-10,000</p> <p><input type="checkbox"/> 10,001-25,000</p>	<p><input type="checkbox"/> 25,001-50,000</p> <p><input type="checkbox"/> 50,001-100,000</p> <p><input type="checkbox"/> More than 100,000</p>
<b>19. How much do you estimate your assets to be worth?</b>	<p><input type="checkbox"/> \$0 - \$50,000</p> <p><input type="checkbox"/> \$50,001 - \$100,000</p> <p><input type="checkbox"/> \$100,001 - \$500,000</p> <p><input checked="" type="checkbox"/> \$500,001 - \$1 million</p>	<p><input type="checkbox"/> \$1,000,001 - \$10 million</p> <p><input type="checkbox"/> \$10,000,001 - \$50 million</p> <p><input type="checkbox"/> \$50,000,001 - \$100 million</p> <p><input type="checkbox"/> \$100,000,001 - \$500 million</p>	<p><input type="checkbox"/> \$500,000,001 - \$1 billion</p> <p><input type="checkbox"/> \$1,000,000,001 - \$10 billion</p> <p><input type="checkbox"/> \$10,000,000,001 - \$50 billion</p> <p><input type="checkbox"/> More than \$50 billion</p>
<b>20. How much do you estimate your liabilities to be?</b>	<p><input type="checkbox"/> \$0 - \$50,000</p> <p><input type="checkbox"/> \$50,001 - \$100,000</p> <p><input checked="" type="checkbox"/> \$100,001 - \$500,000</p> <p><input type="checkbox"/> \$500,001 - \$1 million</p>	<p><input type="checkbox"/> \$1,000,001 - \$10 million</p> <p><input type="checkbox"/> \$10,000,001 - \$50 million</p> <p><input type="checkbox"/> \$50,000,001 - \$100 million</p> <p><input type="checkbox"/> \$100,000,001 - \$500 million</p>	<p><input type="checkbox"/> \$500,000,001 - \$1 billion</p> <p><input type="checkbox"/> \$1,000,000,001 - \$10 billion</p> <p><input type="checkbox"/> \$10,000,000,001 - \$50 billion</p> <p><input type="checkbox"/> More than \$50 billion</p>

**Part 7: Sign Below****For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**/s/ William A. Haupt**

**William A. Haupt**  
 Signature of Debtor 1

**/s/ Catherine Haupt**

**Catherine Haupt**  
 Signature of Debtor 2

Executed on July 31, 2020  
 MM / DD / YYYY

Executed on July 31, 2020  
 MM / DD / YYYY

Debtor 1 **William A. Haupt**  
Debtor 2 **Catherine Haupt**

Case number (if known) \_\_\_\_\_

**For your attorney, if you are represented by one**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**/s/ Laura A. Ellis**

Signature of Attorney for Debtor

Date

**July 31, 2020**

MM / DD / YYYY

**Laura A. Ellis**

Printed name

**Law Office of Laura A. Ellis**

Firm name

**80 Broadway  
Amityville, NY 11701**

Number, Street, City, State & ZIP Code

Contact phone **(631) 210-4197**

Email address

**LauraEllis@Amityville-Law.com**

**LE 5614 NY**

Bar number & State

**Fill in this information to identify your case:**

Debtor 1	<b>William A. Haupt</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Catherine Haupt</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF NEW YORK		
Case number (if known)			

Check if this is an amended filing

**Official Form 106Sum****Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

**Part 1: Summarize Your Assets**

		<b>Your assets</b> Value of what you own
1.	<b>Schedule A/B: Property</b> (Official Form 106A/B)	\$ <b>440,000.00</b>
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ <b>440,000.00</b>
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ <b>74,831.20</b>
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ <b>514,831.20</b>

**Part 2: Summarize Your Liabilities**

		<b>Your liabilities</b> Amount you owe
2.	<b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)	\$ <b>312,561.00</b>
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ <b>312,561.00</b>
3.	<b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)	\$ <b>11,129.00</b>
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$ <b>11,129.00</b>
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$ <b>135,509.41</b>
		<b>Your total liabilities</b> \$ <b>459,199.41</b>

**Part 3: Summarize Your Income and Expenses**

4.	<b>Schedule I: Your Income</b> (Official Form 106I)	\$ <b>6,753.30</b>
	Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$ <b>6,753.30</b>
5.	<b>Schedule J: Your Expenses</b> (Official Form 106J)	\$ <b>6,339.40</b>
	Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$ <b>6,339.40</b>

**Part 4: Answer These Questions for Administrative and Statistical Records****6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

**7. What kind of debt do you have?**

**Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

**Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **William A. Haupt**  
 Debtor 2 **Catherine Haupt**

Case number (if known) \_\_\_\_\_

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$	<u>7,944.85</u>
----	-----------------

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>11,129.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>73,978.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	\$ <u>0.00</u>
<b>9g. Total.</b> Add lines 9a through 9f.	<b>\$ <u>85,107.00</u></b>

Fill in this information to identify your case and this filing:

Debtor 1	<b>William A. Haupt</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Catherine Haupt</b>		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>EASTERN DISTRICT OF NEW YORK</b>			
Case number			<input type="checkbox"/> Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

##### 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.

Yes. Where is the property?

1.1

#### 31 Lapeer Street

Street address, if available, or other description

**Deer Park**      **NY**      **11729-0000**

City                  State                  ZIP Code

#### What is the property? Check all that apply

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

**\$440,000.00**

Current value of the portion you own?

**\$440,000.00**

Describe the nature of your ownership interest (such as fee simple, tenancy by the entirety, or a life estate), if known.

**Fee simple**

Check if this is community property  
(see instructions)

#### Who has an interest in the property? Check one

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

##### 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

**\$440,000.00**

#### Part 2: Describe Your Vehicles

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not?** Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

Debtor 1 **William A. Haupt**  
Debtor 2 **Catherine Haupt**

Case number (if known) \_\_\_\_\_

**3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

No  
 Yes

3.1 Make: **Lincoln**  
 Model: **MKC**  
 Year: **2018**  
 Approximate mileage: \_\_\_\_\_  
 Other information:  
**LEASE**  
 \_\_\_\_\_

**Who has an interest in the property? Check one**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this is community property**  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property?** **Current value of the portion you own?**

**\$0.00** **\$0.00**

3.2 Make: **GMC**  
 Model: **Envoy**  
 Year: **2002**  
 Approximate mileage: **160,000**  
 Other information:  
 \_\_\_\_\_

**Who has an interest in the property? Check one**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this is community property**  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property?** **Current value of the portion you own?**

**\$890.00** **\$890.00**

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No  
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=> **\$890.00**

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

No  
 Yes. Describe.....

**household furnishings and appliances**

**\$2,500.00**

**7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No  
 Yes. Describe.....

**TV, cell phones personal electronics**

**\$750.00**

**8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No

Debtor 1 **William A. Haupt**  
Debtor 2 **Catherine Haupt**

Case number (if known) \_\_\_\_\_

 Yes. Describe.....**9. Equipment for sports and hobbies***Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe.....**10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe.....**11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories No Yes. Describe.....**Debtors' clothes**

\$2,000.00

**12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe.....**wedding rings and costume jewelry**

\$2,000.00

**13. Non-farm animals***Examples:* Dogs, cats, birds, horses No Yes. Describe.....**14. Any other personal and household items you did not already list, including any health aids you did not list** No Yes. Give specific information.....15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached  
for Part 3. Write that number here .....

\$7,250.00

**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the  
portion you own?Do not deduct secured  
claims or exemptions.**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No Yes.....**Cash**

\$60.00

**17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. No Yes.....

Institution name:

Debtor 1	<b>William A. Haupt</b>	Case number (if known)
Debtor 2	<b>Catherine Haupt</b>	
	<b>Checking Account</b>	
17.1.	<b>x1775</b>	<b>TD Bank</b>
		<b>\$0.00</b>
17.2.	<b>checking account x5502</b>	<b>JOVIA</b>
		<b>\$1,526.20</b>
17.3.	<b>eshare savings</b>	<b>JOVIA</b>
		<b>\$5.00</b>

**18. Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts No Yes.....

Institution or issuer name:

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture** No Yes. Give specific information about them.....

Name of entity:

% of ownership:

**20. Government and corporate bonds and other negotiable and non-negotiable instruments***Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them. No Yes. Give specific information about them

Issuer name:

**21. Retirement or pension accounts***Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No Yes. List each account separately.

Type of account:

Institution name:

**403(b)****Transamerica (HRHCare Community Health)****\$100.00****Profit Sharing Plan****Steven R. Feigelson DDS Employees Profit  
Sharing Plan****\$65,000.00****22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Yes. ....

Institution name or individual:

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years) No Yes.....

Issuer name and description.

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes.....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit** No Yes. Give specific information about them...

Debtor 1 **William A. Haupt**  
Debtor 2 **Catherine Haupt**

Case number (if known) \_\_\_\_\_

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

No  
 Yes. Give specific information about them...

**27. Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No  
 Yes. Give specific information about them...

**Money or property owed to you?****Current value of the portion you own?**  
Do not deduct secured claims or exemptions.**28. Tax refunds owed to you**

No  
 Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

**29. Family support***Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No  
 Yes. Give specific information.....

**30. Other amounts someone owes you***Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No  
 Yes. Give specific information..

**31. Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No  
 Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No  
 Yes. Give specific information..

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples:* Accidents, employment disputes, insurance claims, or rights to sue

No  
 Yes. Describe each claim.....

**Possible c/a for medical malpractice/personal injury****Unknown****34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

No  
 Yes. Describe each claim.....

**35. Any financial assets you did not already list**

No  
 Yes. Give specific information..

Debtor 1 **William A. Haupt**  
 Debtor 2 **Catherine Haupt**

Case number (if known) \_\_\_\_\_

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$66,691.20

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.  
 Yes. Go to line 38.

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
 If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.  
 Yes. Go to line 47.

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No  
 Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here .....

\$0.00

**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2 .....	\$440,000.00
56. Part 2: Total vehicles, line 5	\$890.00
57. Part 3: Total personal and household items, line 15	\$7,250.00
58. Part 4: Total financial assets, line 36	\$66,691.20
59. Part 5: Total business-related property, line 45	\$0.00
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00
61. Part 7: Total other property not listed, line 54	\$0.00
62. Total personal property. Add lines 56 through 61...	\$74,831.20
	Copy personal property total
63. Total of all property on Schedule A/B. Add line 55 + line 62	\$514,831.20

Fill in this information to identify your case:

Debtor 1	<b>William A. Haupt</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Catherine Haupt</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF NEW YORK		
Case number (if known)			

Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	
31 Lapeer Street Deer Park, NY 11729 Suffolk County Line from <i>Schedule A/B</i> : 1.1	\$440,000.00	<input checked="" type="checkbox"/> \$135,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	NYCPLR § 5206
2002 GMC Envoy 160,000 miles Line from <i>Schedule A/B</i> : 3.2	\$890.00	<input checked="" type="checkbox"/> \$890.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	NYCPLR § 5205(a)(8)
household furnishings and appliances Line from <i>Schedule A/B</i> : 6.1	\$2,500.00	<input checked="" type="checkbox"/> \$2,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	NYCPLR § 5205(a)(5)
TV, cell phones personal electronics Line from <i>Schedule A/B</i> : 7.1	\$750.00	<input checked="" type="checkbox"/> \$750.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	NYCPLR § 5205(a)(5)
Debtors' clothes Line from <i>Schedule A/B</i> : 11.1	\$2,000.00	<input checked="" type="checkbox"/> \$2,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	NYCPLR § 5205(a)(5)

Debtor 1 William A. Haupt  
Debtor 2 Catherine Haupt

Case number (if known)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption.	
wedding rings and costume jewelry Line from Schedule A/B: 12.1	\$2,000.00	<input checked="" type="checkbox"/> \$1,150.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	NYCPLR § 5205(a)(6)
403(b): Transamerica (HRHCare Community Health) Line from Schedule A/B: 21.1	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Debtor & Creditor Law § 282(2)(e)
Profit Sharing Plan: Steven R. FeigelsonDDS Employees Profit Sharing Plan Line from Schedule A/B: 21.2	\$65,000.00	<input checked="" type="checkbox"/> \$65,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Debtor & Creditor Law § 282(2)(e)
Possible c/a for medical malpractice/personal injury Line from Schedule A/B: 33.1	Unknown	<input checked="" type="checkbox"/> \$17,100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Debtor & Creditor Law § 282(3)(iii)

## 3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

- No
- Yes

## Fill in this information to identify your case:

Debtor 1	<b>William A. Haupt</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Catherine Haupt</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF NEW YORK		
Case number (if known)			

Check if this is an amended filing

## Official Form 106D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

## 1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

## Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

## 2.1 Chase Mortgage

Creditor's Name

Chase Records  
Center/Attn:  
Correspondenc  
Mail Code LA4 5555 700  
Kansas Ln  
Monroe, LA 71203

Number, Street, City, State &amp; Zip Code

## Describe the property that secures the claim:

31 Lapeer Street Deer Park, NY  
11729 Suffolk County

Column A	Column B	Column C
Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
\$84,190.00	\$440,000.00	\$0.00

## Who owes the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

## As of the date you file, the claim is: Check all that apply.

 Contingent Unliquidated Disputed

## Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

Date debt was incurred 4/14/20Last 4 digits of account number 9863

Opened  
12/05 Last  
Active

Debtor 1 <b>William A. Haupt</b> First Name _____ Middle Name _____ Last Name _____	Case number (if known) _____
Debtor 2 <b>Catherine Haupt</b> First Name _____ Middle Name _____ Last Name _____	
<b>2.2 Lincoln Automotive Fin</b> <span style="float: right;">\$5,010.00</span> <span style="float: right;"><u>Unknown</u></span> <span style="float: right;"><u>Unknown</u></span>	
<p>Creditor's Name <b>Attn: Bankruptcy Po Box 54200 Omaha, NE 68154</b> Number, Street, City, State &amp; Zip Code</p> <p>Describe the property that secures the claim: <b>Lease 2018 Lincoln MKC</b></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Nature of lien.</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____</p>	
<p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Opened 06/18 Last Active 06/20</b> Date debt was incurred <span style="float: right;">Last 4 digits of account number <b>6349</b></span></p>	
<p><b>2.3 Shellpoint Mortgage Servicing</b> <span style="float: right;">\$223,361.00</span> <span style="float: right;">\$440,000.00</span> <span style="float: right;"><b>\$0.00</b></span></p> <p>Creditor's Name <b>Attn: Bankruptcy Po Box 10826 Greenville, SC 29603</b> Number, Street, City, State &amp; Zip Code</p> <p>Describe the property that secures the claim: <b>31 Lapeer Street Deer Park, NY 11729 Suffolk County</b></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Nature of lien.</b> Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____</p> <p><b>Opened 04/13 Last Active 4/29/20</b> Date debt was incurred <span style="float: right;">Last 4 digits of account number <b>0560</b></span></p>	

Add the dollar value of your entries in Column A on this page. Write that number here:

**\$312,561.00**

If this is the last page of your form, add the dollar value totals from all pages.

**\$312,561.00**

Write that number here:

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Name, Number, Street, City, State & Zip Code  
**Chase Mortgage  
700 Kansas Lane  
Monroe, LA 71203**

On which line in Part 1 did you enter the creditor? **2.1**

Last 4 digits of account number \_\_\_\_\_

Debtor 1	<b>William A. Haupt</b>	Case number (if known) _____
	First Name _____ Middle Name _____ Last Name _____	
Debtor 2	<b>Catherine Haupt</b>	
	First Name _____ Middle Name _____ Last Name _____	
<input type="checkbox"/> Name, Number, Street, City, State & Zip Code <b>Lincoln Automotive Fin</b> <b>Pob 54200</b> <b>Omaha, NE 68154</b>		On which line in Part 1 did you enter the creditor? <u>2.2</u>
		Last 4 digits of account number _____
<input type="checkbox"/> Name, Number, Street, City, State & Zip Code <b>Shellpoint Mortgage Servicing</b> <b>55 Beattie Place</b> <b>Greenville, SC 29601</b>		On which line in Part 1 did you enter the creditor? <u>2.3</u>
		Last 4 digits of account number _____

---

## Fill in this information to identify your case:

Debtor 1	<b>William A. Haupt</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Catherine Haupt</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF NEW YORK		
Case number (if known)			

Check if this is an amended filing

## Official Form 106E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.  
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	<b>Internal Revenue Service</b> Priority Creditor's Name <b>PO Box 7346</b> <b>Philadelphia, PA 19101-7346</b> Number Street City State Zip Code	Last 4 digits of account number	\$11,129.00	\$11,129.00
		When was the debt incurred?	2019	
		As of the date you file, the claim is: Check all that apply		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
		Type of PRIORITY unsecured claim:		
		<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify		
		income tax arrears -		

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Debtor 1 **William A. Haupt**  
 Debtor 2 **Catherine Haupt**

Case number (if known) \_\_\_\_\_

4.1	<b>Capital One</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 30285</b> <b>Salt Lake City, UT 84130</b> Number Street City State Zip Code	Last 4 digits of account number <u>7753</u>	\$7,128.00
		When was the debt incurred? <u>Opened 01/04 Last Active 11/27/19</u>	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Other. Specify <u>Credit Card</u>		
	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>		
4.2	<b>Capital One</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 30285</b> <b>Salt Lake City, UT 84130</b> Number Street City State Zip Code	Last 4 digits of account number <u>1224</u>	\$2,617.00
		When was the debt incurred? <u>Opened 11/00 Last Active 11/27/19</u>	
	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Other. Specify <u>Credit Card</u>		
4.3	<b>Capital One</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 30285</b> <b>Salt Lake City, UT 84130</b> Number Street City State Zip Code	Last 4 digits of account number <u>8881</u>	\$797.00
		When was the debt incurred? <u>Opened 06/11 Last Active 11/27/19</u>	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Other. Specify <u>Credit Card</u>		

Debtor 1 **William A. Haupt**  
 Debtor 2 **Catherine Haupt**

Case number (if known) \_\_\_\_\_

<b>4.4</b>	<p><b>Catholic Health Services</b>            Nonpriority Creditor's Name  <b>1643 Lewis Avenue ste 203</b>  <b>Billings, MT 59102</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another      <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt      <input type="checkbox"/> Student loans</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>hospital</b></p>	Last 4 digits of account number <b>3117</b> <b>\$375.19</b>
<b>4.5</b>	<p><b>Catholic Home Care</b>            Nonpriority Creditor's Name  <b>110 Bi-County Blvd Ste 114</b>  <b>Farmingdale, NY 11735</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another      <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt      <input type="checkbox"/> Student loans</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>physical therapy</b></p>	Last 4 digits of account number <b>1705</b> <b>\$1,248.88</b> When was the debt incurred? <b>8/2019 - 11/2019</b> <b>As of the date you file, the claim is:</b> Check all that apply
<b>4.6</b>	<p><b>Chase Card Services</b>            Nonpriority Creditor's Name  <b>Attn: Bankruptcy</b>  <b>Po Box 15298</b>  <b>Wilmington, DE 19850</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another      <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt      <input type="checkbox"/> Student loans</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b></p>	Last 4 digits of account number <b>2968</b> <b>\$7,124.00</b> When was the debt incurred? <b>Opened 08/98 Last Active 11/30/19</b> <b>As of the date you file, the claim is:</b> Check all that apply

Debtor 1 **William A. Haupt**  
 Debtor 2 **Catherine Haupt**

Case number (if known) \_\_\_\_\_

4.7	<b>Chase Card Services</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 15298</b> <b>Wilmington, DE 19850</b> Number Street City State Zip Code	Last 4 digits of account number <b>5412</b>	\$4,112.00
		When was the debt incurred? <b>Opened 07/05 Last Active 09/18</b>	
	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Contingent <input type="checkbox"/> Yes <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>		
4.8	<b>Chase Card Services</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 15298</b> <b>Wilmington, DE 19850</b> Number Street City State Zip Code	Last 4 digits of account number <b>9074</b>	\$2,068.00
		When was the debt incurred? <b>Opened 06/06 Last Active 09/18</b>	
	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Contingent <input type="checkbox"/> Yes <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>		
4.9	<b>Chase Card Services</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 15298</b> <b>Wilmington, DE 19850</b> Number Street City State Zip Code	Last 4 digits of account number <b>9318</b>	\$1,030.00
		When was the debt incurred? <b>Opened 06/05 Last Active 09/18</b>	
	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Contingent <input type="checkbox"/> Yes <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>		

Debtor 1 **William A. Haupt**  
 Debtor 2 **Catherine Haupt**

Case number (if known) \_\_\_\_\_

4.1 0	<p><b>Chase Card Services</b>            Nonpriority Creditor's Name  <b>Attn: Bankruptcy</b>  <b>Po Box 15298</b>  <b>Wilmington, DE 19850</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>7297</b></p> <p>When was the debt incurred? <b>Opened 03/07 Last Active 09/18</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b></p>	<b>\$1,026.00</b>
4.1 1	<p><b>Citi/Sears</b>            Nonpriority Creditor's Name  <b>Citibank/Centralized Bankruptcy</b>  <b>Po Box 790034</b>  <b>St Louis, MO 63179</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>9529</b></p> <p>When was the debt incurred? <b>Opened 09/15 Last Active 11/28/19</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b></p>	<b>\$2,016.00</b>
4.1 2	<p><b>Citibank</b>            Nonpriority Creditor's Name  <b>Citicorp Credit Svrs/Centralized Bk dept</b>  <b>Po Box 790034</b>  <b>St Louis, MO 63179</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>9661</b></p> <p>When was the debt incurred? <b>Opened 09/09 Last Active 11/28/19</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b></p>	<b>\$3,027.00</b>

Debtor 1 **William A. Haupt**  
 Debtor 2 **Catherine Haupt**

Case number (if known) \_\_\_\_\_

4.1 3	<p><b>cordant health solutions</b>            Nonpriority Creditor's Name  <b>12015 E. 46th Ave. Ste 250</b>  <b>Denver, CO 80239-3103</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another      <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt      <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Is the claim subject to offset?      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> Other. Specify <b>med tests</b></p>	<p>Last 4 digits of account number <b>7037</b>      \$196.99</p> <p>When was the debt incurred? <b>2/2020</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p>
4.1 4	<p><b>Credence Resource Management, LLC</b>            Nonpriority Creditor's Name  <b>17000 Dallas Parkway</b>  <b>Suite 204</b>  <b>Dallas, TX 75248</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another      <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt      <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Is the claim subject to offset?      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> Other. Specify <b>Collection Attorney Att Mobility</b></p>	<p>Last 4 digits of account number <b>0602</b>      \$91.00</p> <p>When was the debt incurred? <b>Opened 03/20</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p>
4.1 5	<p><b>Department Store National Bank</b>            Nonpriority Creditor's Name  <b>Attn: Bankruptcy</b>  <b>9111 Duke Boulevard</b>  <b>Mason, OH 45040</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another      <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt      <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Is the claim subject to offset?      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b></p>	<p>Last 4 digits of account number <b>4320</b>      \$1,324.00</p> <p>When was the debt incurred? <b>Opened 12/13 Last Active 12/02/19</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p>

Debtor 1 **William A. Haupt**  
 Debtor 2 **Catherine Haupt**

Case number (if known) \_\_\_\_\_

4.1  
6

<b>FedLoan Servicing</b>	Last 4 digits of account number	<b>0008</b>	\$61,938.00
Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 69184</b> <b>Harrisburg, PA 17106</b>	When was the debt incurred?	<b>Last Active 5/31/20</b>	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 only			
<input type="checkbox"/> Debtor 2 only			
<input type="checkbox"/> Debtor 1 and Debtor 2 only			
<input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		

**Educational**

4.1  
7

<b>Good Samaritan Hospital Medical Center</b>	Last 4 digits of account number	<b>0055</b>	\$750.00
Nonpriority Creditor's Name <b>1000 Montauk Hwy</b> <b>West Islip, NY 11795</b>	When was the debt incurred?	<b>8/2019</b>	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 only			
<input checked="" type="checkbox"/> Debtor 2 only			
<input type="checkbox"/> Debtor 1 and Debtor 2 only			
<input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		

**Educational**

4.1  
8

<b>LVNV Funding LLC</b>	Last 4 digits of account number	<b>8067</b>	\$5,784.64
Nonpriority Creditor's Name <b>c/o Alltran Financial LP</b> <b>PO Box 722929</b> <b>Houston, TX 77272</b>	When was the debt incurred?	<b>orig creditor Citibank NA</b>	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 only			
<input checked="" type="checkbox"/> Debtor 2 only			
<input type="checkbox"/> Debtor 1 and Debtor 2 only			
<input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		

Debtor 1 **William A. Haupt**  
 Debtor 2 **Catherine Haupt**

Case number (if known) \_\_\_\_\_

4.1  
9

<b>LVNV Funding LLC</b> Nonpriority Creditor's Name	Last 4 digits of account number <b>1177</b>	\$4,765.60
<b>c/o Alltran Financial LP</b> <b>PO Box 722929</b> <b>Houston, TX 77272</b> Number Street City State Zip Code	When was the debt incurred? <b>orig creditor Citibank NA</b>	
<b>Who incurred the debt?</b> Check one.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>Type of NONPRIORITY unsecured claim:</b>		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify <b>As of the date you file, the claim is: Check all that apply</b>		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

4.2  
0

<b>Orthopedic Associates</b> Nonpriority Creditor's Name	Last 4 digits of account number <b>9338</b>	\$200.00
<b>6 Technology Drive Ste 100</b> <b>East Setauket, NY 11733</b> Number Street City State Zip Code	When was the debt incurred? <b>8/2019 - 1/2020</b>	
<b>Who incurred the debt?</b> Check one.		
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>Type of NONPRIORITY unsecured claim:</b>		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify <b>As of the date you file, the claim is: Check all that apply</b>		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

4.2  
1

<b>Performance Finance</b> Nonpriority Creditor's Name	Last 4 digits of account number <b>8665</b>	\$2,857.00
<b>10509 Professional Cir S</b> <b>Reno, NV 89521</b> Number Street City State Zip Code	When was the debt incurred? <b>Opened 12/16 Last Active 12/16/19</b>	
<b>Who incurred the debt?</b> Check one.		
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>Type of NONPRIORITY unsecured claim:</b>		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify <b>As of the date you file, the claim is: Check all that apply</b>		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 **William A. Haupt**  
 Debtor 2 **Catherine Haupt**

Case number (if known) \_\_\_\_\_

4.2  
2**Portfolio Recovery Associates, LLC**

Nonpriority Creditor's Name

**PO Box 12914****Norfolk, VA 23541**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

**6693****\$656.87**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **credit card**

4.2  
3**Portfolio Recovery Associates, LLC**

Nonpriority Creditor's Name

**PO Box 12914****Norfolk, VA 23541**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

**6039****\$1,677.76**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **credit card**

4.2  
4**Portfolio Recovery Associates, LLC**

Nonpriority Creditor's Name

**PO Box 12914****Norfolk, VA 23541**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

**4201****\$1,863.14**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **credit card**

Debtor 1 **William A. Haupt**  
 Debtor 2 **Catherine Haupt**

Case number (if known) \_\_\_\_\_

4.2 5	<b>Portfolio Recovery Associates, LLC</b> Nonpriority Creditor's Name <b>PO Box 12914</b> <b>Norfolk, VA 23541</b> Number Street City State Zip Code	Last 4 digits of account number <b>3526</b>	<b>\$1,613.34</b>
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Other. Specify <b>credit card</b>			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<hr/>			
4.2 6	<b>Portfolio Recovery Associates, LLC</b> Nonpriority Creditor's Name <b>PO Box 12914</b> <b>Norfolk, VA 23541</b> Number Street City State Zip Code	Last 4 digits of account number <b>8141</b>	<b>\$2,762.17</b>
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Other. Specify <b>credit card</b>			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<hr/>			
4.2 7	<b>Portfolio Recovery Associates, LLC</b> Nonpriority Creditor's Name <b>PO Box 12914</b> <b>Norfolk, VA 23541</b> Number Street City State Zip Code	Last 4 digits of account number <b>5167</b>	<b>\$1,321.92</b>
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Other. Specify <b>credit card</b>			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 **William A. Haupt**  
 Debtor 2 **Catherine Haupt**

Case number (if known) \_\_\_\_\_

4.2 8	<b>Portfolio Recovery Associates, LLC</b> Nonpriority Creditor's Name <b>PO Box 12914</b> <b>Norfolk, VA 23541</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>credit card</b>	Last 4 digits of account number <b>0075</b> <b>\$1,453.00</b>
4.2 9	<b>Synchrony Bank</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po B 965064</b> <b>Orlando, FL 32896</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b>	Last 4 digits of account number <b>7545</b> <b>\$81.00</b> <b>Opened 10/12 Last Active 12/03/19</b> <b>When was the debt incurred?</b>
4.3 0	<b>Teachers Fed Credit Un</b> Nonpriority Creditor's Name Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Educational</b>	Last 4 digits of account number <b>3271</b> <b>\$12,040.00</b> <b>Opened 01/08 Last Active 5/04/20</b> <b>When was the debt incurred?</b>

Debtor 1 **William A. Haupt**  
 Debtor 2 **Catherine Haupt**

Case number (if known) \_\_\_\_\_

4.3 1	<b>Teachers Fed Credit Un</b> Nonpriority Creditor's Name	Last 4 digits of account number <b>2800</b>	\$1,266.00
		When was the debt incurred? <b>Opened 05/05 Last Active 05/20</b>	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Type of NONPRIORITY unsecured claim:</b>		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Other. Specify <b>Check Credit Or Line Of Credit</b>		

4.3 2	<b>zwanger Pesiri Radiology</b> Nonpriority Creditor's Name <b>150 East Sunrise Highway Ste 201 Lindenhurst, NY 11757</b>	Last 4 digits of account number <b>5101</b>	\$297.91
		When was the debt incurred? <b>1/2020</b>	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Type of NONPRIORITY unsecured claim:</b>		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Other. Specify <b>med bill</b>		

### Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address  
**ARS National Services Inc**  
**Po Box 469100**  
**Escondido, CA 92046-9100**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line 4.12 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **8431**

Name and Address  
**ARS National Services Inc.**  
**PO Box 469100**  
**Escondido, CA 92046-9100**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line 4.15 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **7772**

Name and Address  
**Capital One**  
**Po Box 30281**  
**Salt Lake City, UT 84130**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line 4.1 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Capital One**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line 4.2 of (Check one):  Part 1: Creditors with Priority Unsecured Claims

Debtor 1 **William A. Haupt**  
 Debtor 2 **Catherine Haupt**

Case number (if known) \_\_\_\_\_

**Po Box 30281  
 Salt Lake City, UT 84130**

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Capital One  
 Po Box 30281  
 Salt Lake City, UT 84130**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.3** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Chase Card Services  
 Po Box 15369  
 Wilmington, DE 19850**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.6** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Chase Card Services  
 Po Box 15369  
 Wilmington, DE 19850**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.7** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Chase Card Services  
 Po Box 15369  
 Wilmington, DE 19850**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.8** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Chase Card Services  
 Po Box 15369  
 Wilmington, DE 19850**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.9** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Chase Card Services  
 Po Box 15369  
 Wilmington, DE 19850**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.10** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Citi/Sears  
 Po Box 6217  
 Sioux Falls, SD 57117**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.11** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Credence Resource Management,  
 LLC  
 Po Box 2300  
 Southgate, MI 48195**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**FedLoan Servicing  
 Pob 60610  
 Harrisburg, PA 17106**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.16** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Nationwide Credit  
 PO Box 15131  
 Wilmington, DE 19850**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.29** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Portfolio Recovery Associates, LLC  
 120 Corporate Boulevard  
 Norfolk, VA 23502**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.22** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**7545**

Debtor 1 **William A. Haupt**  
 Debtor 2 **Catherine Haupt**

Case number (if known) \_\_\_\_\_

Last 4 digits of account number

**6693**

Name and Address <b>Portfolio Recovery Associates, LLC</b> <b>120 Corpore Boulevard</b> <b>Norfolk, VA 23502</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.23</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	<b>6693</b>
Name and Address <b>Portfolio Recovery Associates, LLC</b> <b>120 Corpore Boulevard</b> <b>Norfolk, VA 23502</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.24</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	<b>6693</b>
Name and Address <b>Portfolio Recovery Associates, LLC</b> <b>120 Corpore Boulevard</b> <b>Norfolk, VA 23502</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.25</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	<b>6693</b>
Name and Address <b>Portfolio Recovery Associates, LLC</b> <b>120 Corpore Boulevard</b> <b>Norfolk, VA 23502</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.26</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	<b>6693</b>
Name and Address <b>Portfolio Recovery Associates, LLC</b> <b>120 Corpore Boulevard</b> <b>Norfolk, VA 23502</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.27</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	<b>6693</b>
Name and Address <b>Portfolio Recovery Associates, LLC</b> <b>120 Corpore Boulevard</b> <b>Norfolk, VA 23502</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.28</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	<b>6693</b>
Name and Address <b>Professional CLaims Bureau Inc.</b> <b>Hicksville, NY 11802-9060</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.17</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	<b>1391</b>

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		<b>Total Claim</b>
Total claims from Part 1	6a. Domestic support obligations	6a. \$ <b>0.00</b>
	6b. Taxes and certain other debts you owe the government	6b. \$ <b>11,129.00</b>
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ <b>0.00</b>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ <b>0.00</b>
		<b>11,129.00</b>
Total claims from Part 2	6f. Student loans	6f. \$ <b>73,978.00</b>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ <b>0.00</b>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ <b>0.00</b>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ <b>61,531.41</b>

Debtor 1 **William A. Haupt**  
Debtor 2 **Catherine Haupt**

Case number (if known) \_\_\_\_\_

6j. Total Nonpriority. Add lines 6f through 6i.

6j. \$ **135,509.41**

Fill in this information to identify your case:

Debtor 1	<b>William A. Haupt</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Catherine Haupt</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF NEW YORK		
Case number (if known)			

Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 Lincoln Automotive Financial Services Box 220564 Pittsburgh, PA 15257	auto lease - Lincoln MKC

**Fill in this information to identify your case:**

Debtor 1	<b>William A. Haupt</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Catherine Haupt</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF NEW YORK		
Case number (if known)			

Check if this is an amended filing

## Official Form 106H

### Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

**1. Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

No  
 Yes

**2. Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

**3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.**

**Column 1: Your codebtor**

Name, Number, Street, City, State and ZIP Code

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

3.1

Name

 Schedule D, line \_\_\_\_\_ Schedule E/F, line \_\_\_\_\_ Schedule G, line \_\_\_\_\_

Number      Street

State

ZIP Code

3.2

Name

 Schedule D, line \_\_\_\_\_ Schedule E/F, line \_\_\_\_\_ Schedule G, line \_\_\_\_\_

Number      Street

State

ZIP Code

Fill in this information to identify your case:

Debtor 1	<b>William A. Haupt</b>
Debtor 2 (Spouse, if filing)	<b>Catherine Haupt</b>
United States Bankruptcy Court for the:	<b>EASTERN DISTRICT OF NEW YORK</b>
Case number (If known)	

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: | Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

**Employment status**

**Debtor 1**

Employed  
 Not employed

**Debtor 2 or non-filing spouse**

Employed  
 Not employed

**Occupation**

**Clinical Manager**

**Employer's name**

**Hudson River Healthcare**

**Employer's address**

**1037 Main Street  
Peekskill, NY 10566**

**How long employed there?**

#### Part 2: | Give Details About Monthly Income

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

<b>For Debtor 1</b>	<b>For Debtor 2 or non-filing spouse</b>
---------------------	--

2. **List monthly gross wages, salary, and commissions (before all payroll deductions).** If not paid monthly, calculate what the monthly wage would be.

2. \$ **3,513.44** \$ **0.00**

3. **Estimate and list monthly overtime pay.**

3. +\$ **0.00** +\$ **0.00**

4. **Calculate gross Income.** Add line 2 + line 3.

4. \$ **3,513.44** \$ **0.00**

Debtor 1 William A. Haupt  
 Debtor 2 Catherine Haupt

Case number (if known) \_\_\_\_\_

Copy line 4 here .....	For Debtor 1	For Debtor 2 or non-filing spouse
	4. \$ <u><u>3,513.44</u></u>	\$ <u><u>0.00</u></u>
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <u><u>511.21</u></u>	\$ <u><u>0.00</u></u>
5b. Mandatory contributions for retirement plans	5b. \$ <u><u>0.00</u></u>	\$ <u><u>0.00</u></u>
5c. Voluntary contributions for retirement plans	5c. \$ <u><u>160.71</u></u>	\$ <u><u>0.00</u></u>
5d. Required repayments of retirement fund loans	5d. \$ <u><u>0.00</u></u>	\$ <u><u>0.00</u></u>
5e. Insurance	5e. \$ <u><u>71.59</u></u>	\$ <u><u>0.00</u></u>
5f. Domestic support obligations	5f. \$ <u><u>0.00</u></u>	\$ <u><u>0.00</u></u>
5g. Union dues	5g. \$ <u><u>0.00</u></u>	\$ <u><u>0.00</u></u>
5h. Other deductions. Specify: _____	5h.+ \$ <u><u>0.00</u></u>	+ \$ <u><u>0.00</u></u>
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <u><u>743.51</u></u>	\$ <u><u>0.00</u></u>
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. \$ <u><u>2,769.93</u></u>	\$ <u><u>0.00</u></u>
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <u><u>0.00</u></u>	\$ <u><u>0.00</u></u>
8b. Interest and dividends	8b. \$ <u><u>0.00</u></u>	\$ <u><u>0.00</u></u>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <u><u>0.00</u></u>	\$ <u><u>0.00</u></u>
8d. Unemployment compensation	8d. \$ <u><u>0.00</u></u>	\$ <u><u>0.00</u></u>
8e. Social Security	8e. \$ <u><u>0.00</u></u>	\$ <u><u>0.00</u></u>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: <u>Social Security Disability</u>	8f. \$ <u><u>0.00</u></u>	\$ <u><u>2,189.00</u></u>
short term disability insurance	\$ <u><u>1,794.37</u></u>	\$ <u><u>0.00</u></u>
8g. Pension or retirement income	8g. \$ <u><u>0.00</u></u>	\$ <u><u>0.00</u></u>
8h. Other monthly income. Specify: _____	8h.+ \$ <u><u>0.00</u></u>	+ \$ <u><u>0.00</u></u>
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ <u><u>1,794.37</u></u>	\$ <u><u>2,189.00</u></u>
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <u><u>4,564.30</u></u> + \$ <u><u>2,189.00</u></u> = \$ <u><u>6,753.30</u></u>	
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. +\$ <u><u>0.00</u></u>	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ <u><u>6,753.30</u></u>	
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>		
<input type="checkbox"/> No.		
<input checked="" type="checkbox"/> Yes. Explain: _____		
<b>Combined monthly income</b>		

Fill in this information to identify your case:

Debtor 1	<b>William A. Haupt</b>
Debtor 2 (Spouse, if filing)	<b>Catherine Haupt</b>
United States Bankruptcy Court for the: <b>EASTERN DISTRICT OF NEW YORK</b>	
Case number (If known)	

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

##### 1. Is this a joint case?

No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

##### 2. Do you have dependents? No

Do not list Debtor 1 and  
Debtor 2.

Yes. Fill out this information for  
each dependent.....

Dependent's relationship to  
Debtor 1 or Debtor 2

Dependent's  
age

Does dependent  
live with you?

Do not state the  
dependents names.

No  
 Yes  
 No  
 Yes  
 No  
 Yes  
 No  
 Yes

##### 3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know  
the value of such assistance and have included it on Schedule I: Your Income  
(Official Form 106I).

#### Your expenses

##### 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **2,284.29**

##### If not included in line 4:

4a. Real estate taxes  
 4b. Property, homeowner's, or renter's insurance  
 4c. Home maintenance, repair, and upkeep expenses  
 4d. Homeowner's association or condominium dues  
 5. Additional mortgage payments for your residence, such as home equity loans

4a. \$	<b>0.00</b>
4b. \$	<b>0.00</b>
4c. \$	<b>100.00</b>
4d. \$	<b>0.00</b>
5. \$	<b>384.19</b>

Debtor 1 **William A. Haupt**  
 Debtor 2 **Catherine Haupt**

Case number (if known) \_\_\_\_\_

6. <b>Utilities:</b>	6a. Electricity, heat, natural gas	6a. \$ <u>450.00</u>
	6b. Water, sewer, garbage collection	6b. \$ <u>60.00</u>
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>200.00</u>
	6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. <b>Food and housekeeping supplies</b>	7. \$ <u>800.00</u>	
8. <b>Childcare and children's education costs</b>	8. \$ <u>0.00</u>	
9. <b>Clothing, laundry, and dry cleaning</b>	9. \$ <u>60.00</u>	
10. <b>Personal care products and services</b>	10. \$ <u>60.00</u>	
11. <b>Medical and dental expenses</b>	11. \$ <u>460.00</u>	
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>200.00</u>	
13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$ <u>50.00</u>	
14. <b>Charitable contributions and religious donations</b>	14. \$ <u>0.00</u>	
15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$ <u>63.50</u>	
15b. Health insurance	15b. \$ <u>373.42</u>	
15c. Vehicle insurance	15c. \$ <u>254.00</u>	
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>	
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <b>IRS Installment Plan</b>	16. \$ <u>155.00</u>	
17. <b>Installment or lease payments:</b>		
17a. Car payments for Vehicle 1	17a. \$ <u>385.00</u>	
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>	
17c. Other. Specify: _____	17c. \$ <u>0.00</u>	
17d. Other. Specify: _____	17d. \$ <u>0.00</u>	
18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18. \$ <u>0.00</u>	
19. <b>Other payments you make to support others who do not live with you.</b> Specify: _____	\$ <u>0.00</u>	
20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>		
20a. Mortgages on other property	20a. \$ <u>0.00</u>	
20b. Real estate taxes	20b. \$ <u>0.00</u>	
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>	
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>	
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>	
21. <b>Other:</b> Specify: _____	21. +\$ <u>0.00</u>	
22. <b>Calculate your monthly expenses</b>		
22a. Add lines 4 through 21.	\$ <u>6,339.40</u>	
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ <u>6,339.40</u>	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ <u>6,339.40</u>	
23. <b>Calculate your monthly net income.</b>		
23a. Copy line 12 ( <i>your combined monthly income</i> ) from Schedule I.	23a. \$ <u>6,753.30</u>	
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>6,339.40</u>	
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ <u>413.90</u>	
24. <b>Do you expect an increase or decrease in your expenses within the year after you file this form?</b> For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input type="checkbox"/> No.		
<input checked="" type="checkbox"/> Yes.	Explain here: <b>Debtors expect a decrease in disposable income due to the expected increase in health care expenses of debtor 2.</b>	

**Fill in this information to identify your case:**

Debtor 1	<b>William A. Haupt</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Catherine Haupt</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>EASTERN DISTRICT OF NEW YORK</b>		
Case number (if known)			

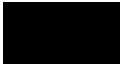
Check if this is an amended filing

**Official Form 106Dec****Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.



**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ William A. Haupt

**William A. Haupt**  
Signature of Debtor 1

Date July 31, 2020

X /s/ Catherine Haupt

**Catherine Haupt**  
Signature of Debtor 2

Date July 31, 2020

**Fill in this information to identify your case:**

Debtor 1	<b>William A. Haupt</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Catherine Haupt</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF NEW YORK		
Case number (if known)			

Check if this is an amended filing

**Official Form 107****Statement of Financial Affairs for Individuals Filing for Bankruptcy**

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before****1. What is your current marital status?**

Married  
 Not married

**2. During the last 3 years, have you lived anywhere other than where you live now?**

No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

**Debtor 1 Prior Address:****Dates Debtor 1  
lived there****Debtor 2 Prior Address:****Dates Debtor 2  
lived there****3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)**

No  
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

**Part 2 Explain the Sources of Your Income****4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  
 If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No  
 Yes. Fill in the details.

	<b>Debtor 1</b>	<b>Debtor 2</b>
	<b>Sources of income</b> Check all that apply.	<b>Gross income</b> (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$23,435.00</b>
		<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business

Debtor 1 **William A. Haupt**  
Debtor 2 **Catherine Haupt**Case number (*if known*) \_\_\_\_\_

	<b>Debtor 1</b>	<b>Gross income</b> (before deductions and exclusions)	<b>Debtor 2</b>	<b>Gross income</b> (before deductions and exclusions)
<b>For last calendar year:</b> <b>(January 1 to December 31, 2019 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips  <input type="checkbox"/> Operating a business	<b>\$82,079.00</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips  <input type="checkbox"/> Operating a business	<b>\$56,179.00</b>
<b>For the calendar year before that:</b> <b>(January 1 to December 31, 2018 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips  <input type="checkbox"/> Operating a business	<b>\$81,491.00</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips  <input type="checkbox"/> Operating a business	<b>\$76,763.00</b>

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No  
 Yes. Fill in the details.

	<b>Debtor 1</b>	<b>Gross income from each source</b> (before deductions and exclusions)	<b>Debtor 2</b>	<b>Gross income</b> (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:		\$0.00	<b>Social Security Disability Income</b>	<b>\$10,990.00</b>

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825\* or more?

No. Go to line 7.  
 Yes List below each creditor to whom you paid a total of \$6,825\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.  
 Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

<b>Creditor's Name and Address</b>	<b>Dates of payment</b>	<b>Total amount paid</b>	<b>Amount you still owe</b>	<b>Was this payment for ...</b>

Debtor 1 **William A. Haupt**  
 Debtor 2 **Catherine Haupt**

Case number (if known) \_\_\_\_\_

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No  
 Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

No  
 Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures****9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No  
 Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
---------------------------	--------------------	-----------------	--------------------

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

No. Go to line 11.  
 Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
Explain what happened			

**11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**

No  
 Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

**12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**

No  
 Yes

**Part 5: List Certain Gifts and Contributions****13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?**

No  
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

Debtor 1 **William A. Haupt**  
 Debtor 2 **Catherine Haupt**

Case number (if known) \_\_\_\_\_

**14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?**

No  
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Dates you contributed	Value
Charity's Name Address (Number, Street, City, State and ZIP Code)			

**Part 6: List Certain Losses****15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?**

No  
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.		

**Part 7: List Certain Payments or Transfers****16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No  
 Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Law Office of Laura A. Ellis 80 Broadway Amityville, NY 11701 LauraEllis@Amityville-Law.com debtor	Attorney Fees	\$2000.00 paid prior to filing. \$3000.00 through Plan	\$5,000.00

**17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**

Do not include any payment or transfer that you listed on line 16.

No  
 Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment

**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No  
 Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			

Debtor 1 **William A. Haupt**  
 Debtor 2 **Catherine Haupt**

Case number (*if known*)

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No  
 Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	------------------------

**Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No  
 Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	---------------------------------	-------------------------------	--	---

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No  
 Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
---	--	-----------------------	-----------------------

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No  
 Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	-----------------------

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No  
 Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
--	--	-----------------------	-------

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Debtor 1 **William A. Haupt**  
 Debtor 2 **Catherine Haupt**

Case number (*if known*)**24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?**

No  
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

**25. Have you notified any governmental unit of any release of hazardous material?**

No  
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

**26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

No  
 Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
---------------------------	---	--------------------	--------------------

**Part 11: Give Details About Your Business or Connections to Any Business****27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
 A member of a limited liability company (LLC) or limited liability partnership (LLP)  
 A partner in a partnership  
 An officer, director, or managing executive of a corporation  
 An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.  
 Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
--	---	--

**28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.**

No  
 Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
---	-------------

Debtor 1 **William A. Haupt**  
 Debtor 2 **Catherine Haupt**

Case number (*if known*) \_\_\_\_\_

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ William A. Haupt

William A. Haupt  
 Signature of Debtor 1

/s/ Catherine Haupt

Catherine Haupt  
 Signature of Debtor 2

Date July 31, 2020

Date July 31, 2020

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No  
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No  
 Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	<u>William A. Haupt</u>
Debtor 2 (Spouse, if filing)	<u>Catherine Haupt</u>
United States Bankruptcy Court for the:	<u>Eastern District of New York</u>
Case number (if known)	

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

- 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
- 3. The commitment period is 3 years.
- 4. The commitment period is 5 years.

Check if this is an amended filing

## Official Form 122C-1

### Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Calculate Your Average Monthly Income

- What is your marital and filing status? Check one only.
  - Not married. Fill out Column A, lines 2-11.
  - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ <u>7,097.65</u>	\$ <u>0.00</u>
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ <u>0.00</u>	\$ <u>0.00</u>
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.	\$ <u>0.00</u>	\$ <u>0.00</u>
5. Net income from operating a business, profession, or farm	Debtor 1	
Gross receipts (before all deductions)	\$ <u>0.00</u>	
Ordinary and necessary operating expenses	-\$ <u>0.00</u>	
Net monthly income from a business, profession, or farm	\$ <u>0.00</u>	Copy here -> \$ <u>0.00</u>
6. Net income from rental and other real property	Debtor 1	
Gross receipts (before all deductions)	\$ <u>0.00</u>	
Ordinary and necessary operating expenses	-\$ <u>0.00</u>	
Net monthly income from rental or other real property	\$ <u>0.00</u>	Copy here -> \$ <u>0.00</u>

Debtor 1 William A. Haupt  
Debtor 2 Catherine Haupt

Case number (if known)

**7. Interest, dividends, and royalties****8. Unemployment compensation**

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you ..... \$ **0.00**  
For your spouse ..... \$ **0.00**

**9. Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
\$ <b>0.00</b>	\$ <b>0.00</b>
\$ <b>0.00</b>	\$ <b>0.00</b>

**10. Income from all other sources not listed above.** Specify the source and amount.

Do not include any benefits received under the Social Security Act; payments made under the Federal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

<b>NYS disability</b>	\$ <b>847.20</b>	\$ <b>0.00</b>
	\$ <b>0.00</b>	\$ <b>0.00</b>
Total amounts from separate pages, if any.	<b>+ \$ 0.00</b>	<b>\$ 0.00</b>

**11. Calculate your total average monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ <b>7,944.85</b>	+ \$ <b>0.00</b>	= \$ <b>7,944.85</b>
--------------------	------------------	----------------------

Total average monthly income

**Part 2: Determine How to Measure Your Deductions from Income**

**12. Copy your total average monthly income from line 11.** ..... \$ **7,944.85**

**13. Calculate the marital adjustment.** Check one:

You are not married. Fill in 0 below.  
 You are married and your spouse is filing with you. Fill in 0 below.  
 You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

<p>..... \$ _____        ..... \$ _____        ..... \$ _____        +\$ _____</p> <p>Total ..... \$ <b>0.00</b></p>	Copy here=> - <b>0.00</b>  \$ <b>7,944.85</b>
--	---

**14. Your current monthly income.** Subtract line 13 from line 12.

**15. Calculate your current monthly income for the year.** Follow these steps:

15a. Copy line 14 here=> ..... \$ **7,944.85**

Debtor 1  
Debtor 2

**William A. Haupt**  
**Catherine Haupt**

Case number (*if known*) \_\_\_\_\_

Multiply line 15a by 12 (the number of months in a year).

**x 12**

15b. The result is your current monthly income for the year for this part of the form. .....

\$ **95,338.20**

Debtor 1  
Debtor 2**William A. Haupt**  
**Catherine Haupt**

Case number (if known) \_\_\_\_\_

**16. Calculate the median family income that applies to you. Follow these steps:**

16a. Fill in the state in which you live.

**NY**

16b. Fill in the number of people in your household.

**2**

16c. Fill in the median family income for your state and size of household.

\$ **72,642.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**17. How do the lines compare?**

17a.  Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3.** Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).

17b.  Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2).** On line 39 of that form, copy your current monthly income from line 14 above.

**Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)**18. Copy your total average monthly income from line 11 . \$ **7,944.85**

19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a.

-\$ **0.00**

19b. Subtract line 19a from line 18.

\$ **7,944.85**

## 20. Calculate your current monthly income for the year. Follow these steps:

20a. Copy line 19b . \$ **7,944.85**

Multiply by 12 (the number of months in a year).

**x 12**

20b. The result is your current monthly income for the year for this part of the form

\$ **95,338.20**

20c. Copy the median family income for your state and size of household from line 16c .

\$ **72,642.00****21. How do the lines compare?**

Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.

Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.

**Part 4: Sign Below**

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

**X /s/ William A. Haupt****William A. Haupt**  
Signature of Debtor 1Date **July 31, 2020**  
MM / DD / YYYY**X /s/ Catherine Haupt****Catherine Haupt**  
Signature of Debtor 2Date **July 31, 2020**  
MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Fill in this information to identify your case:

Debtor 1	<u>William A. Haupt</u>
Debtor 2	<u>Catherine Haupt</u>
(Spouse, if filing)	
United States Bankruptcy Court for the:	<u>Eastern District of New York</u>
Case number (if known)	

Check if this is an amended filing

Official Form 122C-2

## Chapter 13 Calculation of Your Disposable Income

04/19

To fill out this form, you will need your completed copy of *Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period* (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

### Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

#### 5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

2

#### National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

6. <b>Food, clothing, and other items:</b> Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.	\$	<b>1,298.00</b>
7. <b>Out-of-pocket health care allowance:</b> Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.		

Debtor 1 William A. Haupt  
Debtor 2 Catherine Haupt

Case number (if known) \_\_\_\_\_

**People who are under 65 years of age**

7a. Out-of-pocket health care allowance per person \$ 56  
 7b. Number of people who are under 65 X 2  
 7c. **Subtotal.** Multiply line 7a by line 7b. \$ 112.00 Copy here=> \$ 112.00

**People who are 65 years of age or older**

7d. Out-of-pocket health care allowance per person \$ 125  
 7e. Number of people who are 65 or older X 0  
 7f. Subtotal. Multiply line 7d by line 7e. \$ 0.00 Copy here=> \$ 0.00

7g. **Total.** Add line 7c and line 7f ..... \$ 112.00 Copy total here=> \$ 112.00

**Local Standards** You must use the IRS Local Standards to answer the questions in lines 8-15.

**Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:**

**■ Housing and utilities - Insurance and operating expenses****■ Housing and utilities - Mortgage or rent expenses**

To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities - Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \$ 714.00

**9. Housing and utilities - Mortgage or rent expenses:**

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. \$ 2,352.00

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.

Name of the creditor	Average monthly payment
Chase Mortgage	\$ <u>384.19</u>
Shellpoint Mortgage Servicing	\$ <u>2,284.29</u>
9b. Total average monthly payment	\$ <u>2,668.48</u> Copy here=> -\$ <u>2,668.48</u> Repeat this amount on line 33a.

9c. Net mortgage or rent expense.

Subtract line 9b (*total average monthly payment*) from line 9a (*mortgage or rent expense*). If this number is less than \$0, enter \$0.

\$ 0.00 Copy here=> \$ 0.00

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim. \$ 0.00

Explain why: \_\_\_\_\_

Debtor 1 William A. Haupt  
Debtor 2 Catherine Haupt

Case number (if known) \_\_\_\_\_

<b>11. Local transportation expenses:</b> Check the number of vehicles for which you claim an ownership or operating expense.									
<input type="checkbox"/> 0. Go to line 14. <input type="checkbox"/> 1. Go to line 12. <input checked="" type="checkbox"/> 2 or more. Go to line 12.									
<b>12. Vehicle operation expense:</b> Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the <i>Operating Costs</i> that apply for your Census region or metropolitan statistical area. \$ <b>638.00</b>									
<b>13. Vehicle ownership or lease expense:</b> Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.									
<b>Vehicle 1 Describe Vehicle 1: Lease 2018 Lincoln MKC</b>									
13a. Ownership or leasing costs using IRS Local Standard..... \$ <b>521.00</b>									
13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles.  To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.									
<table border="0"> <thead> <tr> <th>Name of each creditor for Vehicle 1</th> <th>Average monthly payment</th> </tr> </thead> <tbody> <tr> <td><b>Lincoln Automotive Fin</b></td> <td>\$ <b>70.58</b></td> </tr> <tr> <td>Total Average Monthly Payment</td> <td>\$ <b>70.58</b></td> </tr> <tr> <td></td> <td> <input type="button" value="Copy here =&gt; -\$"/> <b>70.58</b> <span style="float: right;">Repeat this amount on line 33b.</span> </td> </tr> </tbody> </table>		Name of each creditor for Vehicle 1	Average monthly payment	<b>Lincoln Automotive Fin</b>	\$ <b>70.58</b>	Total Average Monthly Payment	\$ <b>70.58</b>		<input type="button" value="Copy here =&gt; -\$"/> <b>70.58</b> <span style="float: right;">Repeat this amount on line 33b.</span>
Name of each creditor for Vehicle 1	Average monthly payment								
<b>Lincoln Automotive Fin</b>	\$ <b>70.58</b>								
Total Average Monthly Payment	\$ <b>70.58</b>								
	<input type="button" value="Copy here =&gt; -\$"/> <b>70.58</b> <span style="float: right;">Repeat this amount on line 33b.</span>								
13c. Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this number is less than \$0, enter \$0. .... \$ <b>450.42</b>									
<table border="0"> <tr> <td>\$ <b>450.42</b></td> <td> <input type="button" value="Copy net Vehicle 1 expense here =&gt;"/> \$ <b>450.42</b> </td> </tr> </table>		\$ <b>450.42</b>	<input type="button" value="Copy net Vehicle 1 expense here =&gt;"/> \$ <b>450.42</b>						
\$ <b>450.42</b>	<input type="button" value="Copy net Vehicle 1 expense here =&gt;"/> \$ <b>450.42</b>								
<b>Vehicle 2 Describe Vehicle 2: GMC</b>									
13d. Ownership or leasing costs using IRS Local Standard..... \$ <b>0.00</b>									
13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.									
<table border="0"> <thead> <tr> <th>Name of each creditor for Vehicle 2</th> <th>Average monthly payment</th> </tr> </thead> <tbody> <tr> <td><b>-NONE-</b></td> <td>\$ _____</td> </tr> <tr> <td>Total average monthly payment</td> <td>\$ <b>0.00</b></td> </tr> <tr> <td></td> <td> <input type="button" value="Copy here =&gt; -\$"/> <b>0.00</b> <span style="float: right;">Repeat this amount on line 33c.</span> </td> </tr> </tbody> </table>		Name of each creditor for Vehicle 2	Average monthly payment	<b>-NONE-</b>	\$ _____	Total average monthly payment	\$ <b>0.00</b>		<input type="button" value="Copy here =&gt; -\$"/> <b>0.00</b> <span style="float: right;">Repeat this amount on line 33c.</span>
Name of each creditor for Vehicle 2	Average monthly payment								
<b>-NONE-</b>	\$ _____								
Total average monthly payment	\$ <b>0.00</b>								
	<input type="button" value="Copy here =&gt; -\$"/> <b>0.00</b> <span style="float: right;">Repeat this amount on line 33c.</span>								
13f. Net Vehicle 2 ownership or lease expense Subtract line 13e from line 13d. if this number is less than \$0, enter \$0. .... \$ <b>0.00</b>									
<table border="0"> <tr> <td>\$ <b>0.00</b></td> <td> <input type="button" value="Copy net Vehicle 2 expense here =&gt;"/> \$ <b>0.00</b> </td> </tr> </table>		\$ <b>0.00</b>	<input type="button" value="Copy net Vehicle 2 expense here =&gt;"/> \$ <b>0.00</b>						
\$ <b>0.00</b>	<input type="button" value="Copy net Vehicle 2 expense here =&gt;"/> \$ <b>0.00</b>								
<b>14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the Public Transportation expense allowance regardless of whether you use public transportation.</b> \$ <b>0.00</b>									
<b>15. Additional public transportation expense:</b> If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for <i>Public Transportation</i> . \$ <b>200.00</b>									

Debtor 1 William A. Haupt  
Debtor 2 Catherine Haupt

Case number (if known)

**Other Necessary Expenses** In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.  
Do not include real estate, sales, or use taxes. \$ **1,386.15**

17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.  
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. \$ **0.00**

18. **Life Insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance.  
Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. \$ **59.40**

19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.  
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. \$ **0.00**

20. **Education:** The total monthly amount that you pay for education that is either required:  
 as a condition for your job, or  
 for your physically or mentally challenged dependent child if no public education is available for similar services. \$ **0.00**

21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.  
Do not include payments for any elementary or secondary school education. \$ **0.00**

22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  
Payments for health insurance or health savings accounts should be listed only in line 25. \$ **0.00**

23. **Optional telephone and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  
Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. +\$ **59.00**

24. **Add all of the expenses allowed under the IRS expense allowances.** Add lines 6 through 23. \$ **4,916.97**

**Additional Expense Deductions** These are additional deductions allowed by the Means Test.  
Note: Do not include any expense allowances listed in lines 6-24.

25. **Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.

Health insurance \$ **197.71**Disability insurance \$ **1.20**Health savings account + \$ **84.93**Total \$ **283.84** Copy total here=> ..... \$ **283.84**

Do you actually spend this total amount?

 No. How much do you actually spend? Yes \$ \_\_\_\_\_

26. **Continued contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b) \$ **0.00**

27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.

By law, the court must keep the nature of these expenses confidential. \$ **0.00**

Debtor 1 William A. Haupt  
Debtor 2 Catherine Haupt

Case number (if known)

28. **Additional home energy costs.** Your home energy costs are included in your insurance and operating expenses on line 8.

If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

\$ 0.00

29. **Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$170.83\* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

\* Subject to adjustment on 4/01/22, and every 3 years after that for cases begun on or after the date of adjustment.

\$ 0.00

30. **Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

\$ 0.00

31. **Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4).

Do not include any amount more than 15% of your gross monthly income.

\$ 0.00

32. **Add all of the additional expense deductions.**

Add lines 25 through 31.

\$ 283.84

#### Deductions for Debt Payment

33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

##### Mortgages on your home

Average monthly payment

33a. Copy line 9b here => \$ 2,668.48

##### Loans on your first two vehicles

33b. Copy line 13b here => \$ 70.58

33c. Copy line 13e here => \$ 0.00

33d. List other secured debts:

Name of each creditor for other secured debt

Identify property that secures the debt

Does payment include taxes or insurance?

No

Yes

\$ \_\_\_\_\_

No

Yes

\$ \_\_\_\_\_

No

Yes

+ \$ \_\_\_\_\_

33e Total average monthly payment. Add lines 33a through 33d ..... \$ 2,739.06

Copy total here=>

\$ 2,739.06

Debtor 1 William A. Haupt  
Debtor 2 Catherine Haupt

Case number (if known) \_\_\_\_\_

**34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?**

No. Go to line 35.

Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*).  
Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount
-NONE-		\$ _____	÷ 60 = \$ _____
		Total \$ <b>0.00</b>	Copy total here=> \$ <b>0.00</b>

**35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.**

No. Go to line 36.

Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims ..... \$ **11,129.00** ÷ 60 \$ **185.48****36. Projected monthly Chapter 13 plan payment**

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

Average monthly administrative expense

\$ \_\_\_\_\_ X \_\_\_\_\_

\$ \_\_\_\_\_ Copy total here=&gt; \$ \_\_\_\_\_

\$ **2,924.54****37. Add all of the deductions for debt payment.**

Add lines 33e through 36.

**Total Deductions from Income****38. Add all of the allowed deductions.**Copy line 24, All of the expenses allowed under IRS expense allowances ..... \$ **4,916.97**Copy line 32, All of the additional expense deductions ..... \$ **283.84**Copy line 37, All of the deductions for debt payment ..... +\$ **2,924.54**Total deductions ..... \$ **8,125.35** Copy total here=> \$ **8,125.35**

Debtor 1 William A. Haupt  
Debtor 2 Catherine Haupt

Case number (if known) \_\_\_\_\_

**Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)**

39. Copy your total current monthly income from line 14 of Form 122C-1, *Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period*. ..... \$ **7,944.85**

40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child. ..... \$ **0.00**

41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). ..... \$ **365.43**

42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here => \$ **8,125.35**

43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.

**Describe the special circumstances****Amount of expense**

\$ _____
\$ _____
\$ _____

Total \$ **0.00** Copy here=> \$ **0.00**

44. Total adjustments. Add lines 40 through 43. => \$ **8,490.78** Copy here=> -\$ **8,490.78**

45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39. \$ **-545.93**

**Part 3: Change in Income or Expenses**

46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.

Form	Line	Reason for change	Date of change	Increase or decrease?	Amount of change
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 122C-2	_____	_____	_____	<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 122C-2	_____	_____	_____	<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 122C-2	_____	_____	_____	<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 122C-2	_____	_____	_____	<input type="checkbox"/> Decrease	\$ _____

Debtor 1  
Debtor 2

**William A. Haupt**  
**Catherine Haupt**

Case number (*if known*) \_\_\_\_\_

**Part 4: Sign Below**

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

**X /s/ William A. Haupt**

**William A. Haupt**

Signature of Debtor 1

Date **July 31, 2020**

MM / DD / YYYY

**X /s/ Catherine Haupt**

**Catherine Haupt**

Signature of Debtor 2

Date **July 31, 2020**

MM / DD / YYYY

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court**  
**Eastern District of New York**

In re  
**William A. Haupt**  
**Catherine Haupt**

Debtor(s)

Case No.

Chapter

**13**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$ <b>5,000.00</b>
Prior to the filing of this statement I have received .....	\$ <b>2,000.00</b>
Balance Due .....	\$ <b>3,000.00</b>

2. \$ **310.00** of the filing fee has been paid.

3. The source of the compensation paid to me was:

Debtor       Other (specify):

4. The source of compensation to be paid to me is:

Debtor       Other (specify):

5.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

July 31, 2020

Date

/s/ Laura A. Ellis

Laura A. Ellis

*Signature of Attorney*

Law Office of Laura A. Ellis

80 Broadway

Amityville, NY 11701

(631) 210-4197

[LauraEllis@Amityville-Law.com](mailto:LauraEllis@Amityville-Law.com)

*Name of law firm*

**United States Bankruptcy Court  
Eastern District of New York**

In re **William A. Haupt  
Catherine Haupt**

Debtor(s)

Case No.

Chapter **13**

**VERIFICATION OF CREDITOR MATRIX**

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

Date: July 31, 2020

**/s/ William A. Haupt**  
**William A. Haupt**  
Signature of Debtor

Date: July 31, 2020

**/s/ Catherine Haupt**  
**Catherine Haupt**  
Signature of Debtor

Date: July 31, 2020

**/s/ Laura A. Ellis**  
Signature of Attorney  
**Laura A. Ellis**  
**Law Office of Laura A. Ellis**  
**80 Broadway**  
**Amityville, NY 11701**  
**(631) 210-4197**

ARS National Services Inc  
Po Box 469100  
Escondido, CA 92046-9100

ARS National Services Inc.  
PO Box 469100  
Escondido, CA 92046-9100

Capital One  
Attn: Bankruptcy  
Po Box 30285  
Salt Lake City, UT 84130

Catholic Health Services  
1643 Lewis Avenue ste 203  
Billings, MT 59102

Catholic Home Care  
110 Bi-County Blvd Ste 114  
Farmingdale, NY 11735

Chase Card Services  
Attn: Bankruptcy  
Po Box 15298  
Wilmington, DE 19850

Chase Mortgage  
700 Kansas Lane  
Monroe, LA 71203

Citi/Sears  
Citibank/Centralized Bankruptcy  
Po Box 790034  
St Louis, MO 63179

Citibank  
Citicorp Credit Svcs/Centralized Bk dept  
Po Box 790034  
St Louis, MO 63179

cordant health solutions  
12015 E. 46th Ave. Ste 250  
Denver, CO 80239-3103

Credence Resource Management, LLC  
17000 Dallas Parkway  
Suite 204  
Dallas, TX 75248

Credence Resource Management, LLC  
Po Box 2300  
Southgate, MI 48195

Department Store National Bank  
Attn: Bankruptcy  
9111 Duke Boulevard  
Mason, OH 45040

FedLoan Servicing  
Attn: Bankruptcy  
Po Box 69184  
Harrisburg, PA 17106

Good Samaritan Hospital Medical Center  
1000 Montauk Hwy  
West Islip, NY 11795

Internal Revenue Service  
PO Box 7346  
Philadelphia, PA 19101-7346

Lincoln Automotive Fin  
Attn: Bankruptcy  
Po Box 54200  
Omaha, NE 68154

Lincoln Automotive Financial Services  
Box 220564  
Pittsburgh, PA 15257

LVNV Funding LLC  
c/o Alltran Financial LP  
PO Box 722929  
Houston, TX 77272

Nationwide Credit  
PO Box 15131  
Wilmington, DE 19850

Orthopedic Associates  
6 Technology Drive Ste 100  
East Setauket, NY 11733

Performance Finance  
10509 Professional Cir S  
Reno, NV 89521

Portfolio Recovery Associates, LLC  
PO Box 12914  
Norfolk, VA 23541

Portfolio Recovery Associates, LLC  
120 Corpore Boulevard  
Norfolk, VA 23502

Professional CLaims Bureau Inc.  
Hicksville, NY 11802-9060

Shellpoint Mortgage Servicing  
Attn: Bankruptcy  
Po Box 10826  
Greenville, SC 29603

Synchrony Bank  
Attn: Bankruptcy  
Po B 965064  
Orlando, FL 32896

Teachers Fed Credit Un

zwanger Pesiri Radiology  
150 East Sunrise Highway Ste 201  
Lindenhurst, NY 11757

**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF NEW YORK**

**STATEMENT PURSUANT TO LOCAL  
BANKRUPTCY RULE 1073-2(b)**

**DEBTOR(S):** William A. Haupt  
Catherine Haupt

**CASE NO.:** \_\_\_\_\_

Pursuant to Local Bankruptcy Rule 1073-2(b), the debtor (*or any other petitioner*) hereby makes the following disclosure concerning Related Cases, to the petitioner's best knowledge, information and belief:

[NOTE: Cases shall be deemed "Related Cases" for purposes of E.D.N.Y. LBR 1073-1 and E.D.N.Y. LBR 1073-2 if the earlier case was pending at any time within eight years before the filing of the new petition, and the debtors in such cases: (i) are the same; (ii) are spouses or ex-spouses; (iii) are affiliates, as defined in 11 U.S.C. § 101(2); (iv) are general partners in the same partnership; (v) are a partnership and one or more of its general partners; (vi) are partnerships which share one or more common general partners; or (vii) have, or within 180 days of the commencement of either of the Related Cases had, an interest in property that was or is included in the property of another estate under 11 U.S.C. § 541(a).]

NO RELATED CASE IS PENDING OR HAS BEEN PENDING AT ANY TIME.

THE FOLLOWING RELATED CASE(S) IS PENDING OR HAS BEEN PENDING:

1. CASE NO.: **18-76577** JUDGE:Hon. Robert E. Grossman DISTRICT/DIVISION: **Eastern District New York**

CASE STILL PENDING (Y/N): **N** [If closed] Date of closing: **Dismissed March 18, 2020**

CURRENT STATUS OF RELATED CASE: \_\_\_\_\_  
(Discharged/awaiting discharge, confirmed, dismissed, etc.)

MANNER IN WHICH CASES ARE RELATED (*Refer to NOTE above*): **Prior Filing 9/29/2018**

REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN SCHEDULE "A" OF RELATED CASE:

2. CASE NO.: \_\_\_\_\_ JUDGE: \_\_\_\_\_ DISTRICT/DIVISION: \_\_\_\_\_

CASE STILL PENDING (Y/N): \_\_\_\_\_ [If closed] Date of closing: \_\_\_\_\_

CURRENT STATUS OF RELATED CASE: \_\_\_\_\_  
(Discharged/awaiting discharge, confirmed, dismissed, etc.)

MANNER IN WHICH CASES ARE RELATED (*Refer to NOTE above*): \_\_\_\_\_

REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN SCHEDULE "A" OF RELATED CASE: \_\_\_\_\_

3. CASE NO.: \_\_\_\_\_ JUDGE: \_\_\_\_\_ DISTRICT/DIVISION: \_\_\_\_\_

CASE STILL PENDING (Y/N): \_\_\_\_\_ [If closed] Date of closing: \_\_\_\_\_

(OVER)

DISCLOSURE OF RELATED CASES (cont'd)

CURRENT STATUS OF RELATED CASE: \_\_\_\_\_  
(Discharged/awaiting discharge, confirmed, dismissed, etc.)

MANNER IN WHICH CASES ARE RELATED (*Refer to NOTE above*): \_\_\_\_\_

REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN SCHEDULE "A" OF RELATED CASE: \_\_\_\_\_

**NOTE:** Pursuant to 11 U.S.C. § 109(g), certain individuals who have had prior cases dismissed within the preceding 180 days may not be eligible to be debtors. Such an individual will be required to file a statement in support of his/her eligibility to file.

TO BE COMPLETED BY DEBTOR/PETITIONER'S ATTORNEY, AS APPLICABLE:

I am admitted to practice in the Eastern District of New York (Y/N): Y

CERTIFICATION (to be signed by pro se debtor/petitioner or debtor/petitioner's attorney, as applicable):

I certify under penalty of perjury that the within bankruptcy case is not related to any case now pending or pending at any time, except as indicated elsewhere on this form.

/s/ Laura A. Ellis

Laura A. Ellis

Signature of Debtor's Attorney

**Law Office of Laura A. Ellis**

**80 Broadway**

**Amityville, NY 11701**

**(631) 210-4197**

\_\_\_\_\_  
Signature of Pro Se Debtor/Petitioner

\_\_\_\_\_  
Signature of Pro Se Joint Debtor/Petitioner

\_\_\_\_\_  
Mailing Address of Debtor/Petitioner

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Area Code and Telephone Number

Failure to fully and truthfully provide all information required by the E.D.N.Y. LBR 1073-2 Statement may subject the debtor or any other petitioner and their attorney to appropriate sanctions, including without limitation conversion, the appointment of a trustee or the dismissal of the case with prejudice.

**NOTE:** Any change in address must be reported to the Court immediately IN WRITING. Dismissal of your petition may otherwise result.